

1.09-3.53) and overnight assessment (aOR 0.23, 0.06-0.90) were all associated with the provision of confidential care, after adjusting for patient- and hospital-level covariates.

**CONCLUSION:** Survey results suggest inadequate provision of confidential care in an academic pediatric hospital. Adolescents receiving confidential care were not consistently explained to regarding the limits of confidentiality, and breaches were reported in a quarter of all cases. Confidentiality-specific education initiatives are necessary to improve the frequency and quality of confidential care for adolescents in tertiary care settings.

148

### A CHAIR AT THE TABLE: A SCOPING REVIEW OF THE PARTICIPATION OF REFUGEE ADULTS AND YOUTH IN HEALTHCARE RESEARCH AND POLICY DESIGN

Pardeep Kaur

Unity Health Toronto

Ripudaman Minhas

Unity Health Toronto

Tali Filler

University of Toronto

Nazi Torabi

Unity Health Toronto

**PRIMARY SUBJECT AREA:** Global Child and Youth Health

**BACKGROUND:** The current refugee crisis is described as the largest humanitarian crisis of all time. Refugees often face psychosocial complexity and multi-dimensional healthcare needs. Community-Based Participatory Research (CBPR) methods have been previously employed successfully in designing health programs for refugee children, youth and their families, and in building strong research partnerships in refugee communities.

**OBJECTIVES:** To review the evidence in the involvement of refugee adults, youth and children in CBPR processes.

**DESIGN/METHODS:** A scoping review was performed, using Arksey & O'Malley's methodological framework. A literature search in Medline, PubMed, PsycINFO, CINAHL, Embase and Scopus for articles published until August 2020 was conducted. Articles were included if they focused on CBPR or Participatory Action Research as the methodological framework, had refugee involvement and discussed healthcare and health policy. Data extracted included ethno-racial data, country of origin, purpose of CBPR, refugee CBPR involvement and its influence on health care research and policy.

**RESULTS:** 4125 articles were identified in the database searches. After removal of duplicates, 2077 articles underwent title and abstract review by two authors, yielding a kappa-statistic of 0.85. Fourteen studies were included in the final analysis. Of these, 35.7% (5/14) included refugee children/youth in their CBPR methods. The purpose of the CBPR methods for 60% (3/5) of the articles focused on mental health promotion-related strategies. The other 40% (2/5) of articles focused on reproductive health. Eighty percent (4/5) of the studies included refugees in the inception of the research problem and in knowledge translation efforts, whereas none were involved in seeking funding. All studies included refugee participants in the study design and engaging community/recruitment. However, there were varying degrees of involvement of refugees in the data analysis (40%, 2/5), knowledge translation (40%, 2/5) and scale up (20%, 1/5). All studies did not distinguish between the level of CBPR involvement of children and adolescents.

**CONCLUSION:** There is scarce literature describing the involvement of refugee children, youth and their families in research. CBPR has been identified as a methodology with the potential to make substantial contributions to improving health and well-being in traditionally disenfranchised

population groups. As the needs of refugee communities are so diverse, efforts should be made to include refugees in all stages of the research process. This scoping review demonstrates that levels of involvement in CBPR processes amongst refugee children, youth and adults may not be differentiated, and as such, may conflate their needs and experiences. Barriers to full participation in research processes should be examined further in order to eliminate health disparities and build capacity amongst refugee communities.

149

### VIRTUAL CARE: A QUALITY IMPROVEMENT PROJECT ON THE EXPERIENCE OF PAEDIATRICIANS DURING THE COVID-19 PANDEMIC

Emma McCrady

Schulich School of Medicine and Dentistry

Julie Strychowsky

Children's Hospital at London Health

Sciences Centre

Jessica Woolfson

The Children's Hospital at London Health

Sciences Centre

**PRIMARY SUBJECT AREA:** Practice/Office Management

**BACKGROUND:** Prior to the COVID-19 pandemic, in-person visits were the standard of care for paediatricians at our centre. With the pandemic onset, virtual care (VC) was adopted at an unprecedented scale and pace. Studies have reported positive patient VC experience; however, few have explored physician experience. This quality improvement (QI) initiative sought to qualify the VC experience of local paediatricians during the pandemic, with the intention of implementing VC clinical practice changes at the department level.

**OBJECTIVES:** To determine key factors that have supported and challenged the adoption of, and that will support integration of, VC in the future.

**DESIGN/METHODS:** The Donabedian model for healthcare QI was used to evaluate VC experience through an online survey with a focus on structure, process, and outcome measures. All physicians affiliated with the Department of Paediatrics (generalists and subspecialists in medicine and surgery) were invited to participate via email. Three reminder emails were sent at 2-week intervals. Descriptive statistics were reported.

**RESULTS:** The response rate was 32.3% (63 of 195 physicians). The majority of respondents were subspecialists (84.1%), and at academic centres (87.5%) (Table 1). Pre-pandemic, only 30.1% used VC and saw <10% of patients virtually. During March-May 2020, 93.8% transitioned to VC, with > 50% seeing over 75% of patients virtually. By summer 2020, VC use declined, but remained higher than pre-pandemic (53.6% seeing < 25% of patients). OTN and telephone were platforms most used (32.8% and 28.6%, respectively). Most conducted visits from their work location (55.2%) versus home (44.8%).

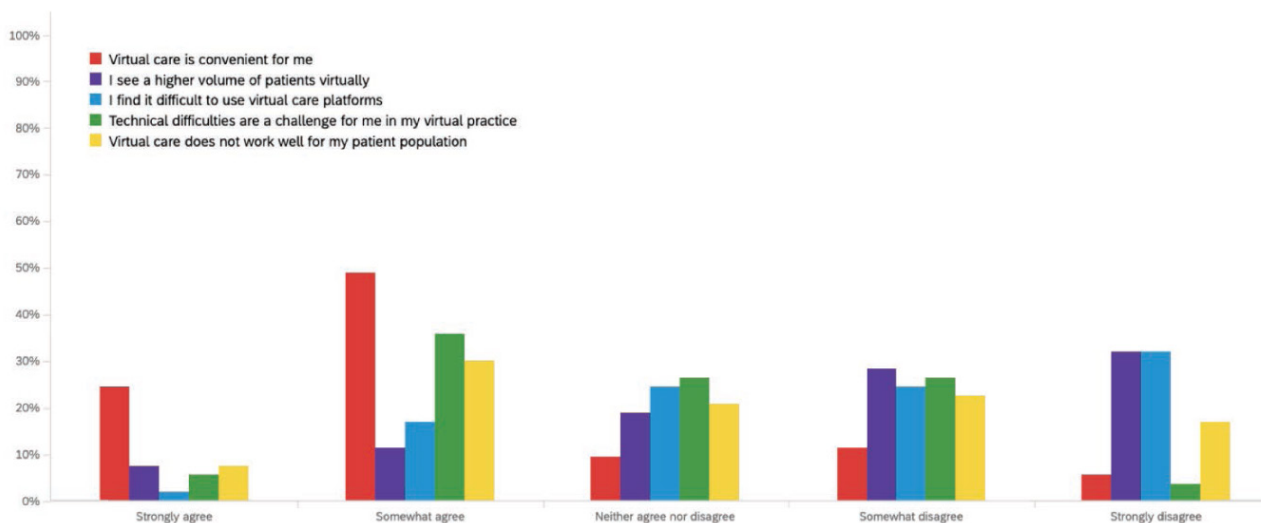
VC experience was considered positive by most physicians (73.6%), and only 18.8% found VC difficult to use despite technical difficulties reported by 41.5% (Figure 1). Physicians with ≤ 5 years in practice were most likely to find VC convenient (93.8%). Challenges with VC included lack of physical exam, diagnostic uncertainty, lower patient volumes, and poor patient VC etiquette. Regardless of practice location, specialty, years in practice, and prior experience, 96% would continue VC to 25% of patients, ideally for patients who live far away (26.4%) and for follow-ups of patients with established diagnoses (21.4%).

**CONCLUSION:** A rapid transition to VC during the COVID-19 pandemic was associated with challenges but also positive experiences. Willingness to continue VC was high. VC experience could be improved with greater patient education and focus on select patient populations.

## Abstracts of the 2021 Annual Conference of the Canadian Paediatric Society

PRIMARY PRACTICE LOCATION	N	%
Academic Children's Hospital	56	87.5
Community Hospital	0	0.0
Community Clinic	5	7.8
Other	3	4.7
Practice Type		
General	10	15.9
Subspecialist	53	84.1
Years in Practice		
≤5	17	27.0
6-10	9	14.3
11-20	20	31.8
≥21	17	27.0
Prior Virtual Care Experience		
Yes	19	30.2
No	44	69.8
Virtual Practice Setting		
Home/home office	39	44.8
Office at work location	41	47.1
Other space at work location (i.e. designated room)	7	8.1

**Table 1: Physician respondent demographics**



**Figure 1. Pediatric physician experience with virtual care during height of COVID pandemic**

Future research is needed to improve practice efficiency and to inform regulatory guidelines for VC at a local level.

**150**  
**OSTEOPOROSIS RISK FACTORS IN CHILDREN WITH CEREBRAL PALSY**

**Sarah Spenard**  
**University of Manitoba**  
**Arifur Rahman**  
**Memorial University of Newfoundland**  
**Heather Power**  
**Memorial University of Newfoundland**  
**Jennifer O'Dea**  
**Memorial University of Newfoundland**  
**M. Florencia Ricci**  
**University of Manitoba**

**PRIMARY SUBJECT AREA:** Complex Care  
**BACKGROUND:** Cerebral palsy (CP) is a common motor disability in children. Due to their medical complexity, children with CP are prone to osteoporosis, and consequently, fractures. The prevalence of osteoporosis and its risk factors are poorly understood within this population.  
**OBJECTIVES:** To determine the prevalence and predictors of osteoporosis among a provincial cohort of Canadian children with CP.  
**DESIGN/METHODS:** We performed a retrospective descriptive cohort study in a single Canadian tertiary care pediatric hospital. The medical charts of the 187 children with CP currently followed by the rehabilitation team were reviewed. Primary outcomes were indicators of osteoporosis, including vertebral compression fractures (VCF), long bone fractures and BMD Z-score. Osteoporosis risk factors, including medications, chronic or endocrine disorders linked to secondary osteoporosis, feeding method, and mobilization level (GMFCS), were collected. Two-tail p-values were calculated using the Chi-squared Person's cumulative test.  
**RESULTS:** Of the 187 included children, the majority were male (59%) and were living in a rural area (62%). Seven (3.7%) individuals met diagnostic criteria for osteoporosis with a VCF without history of high-energy trauma or local disease. Of these, four were females and three were males. Osteoporosis risk factors are presented in Table 1. GMFCS, feeding method and medications linked to secondary osteoporosis had a significant statistical difference in the children diagnosed with a VCF compared to participants without osteoporosis diagnostic criteria.  
**CONCLUSION:** 3.7% of children followed by the provincial rehabilitation team have osteoporosis. This is one of the first studies that establishes the frequency of osteoporosis among a provincial cohort of Canadian children with CP. Mobilization level, feeding method and consumption of medications linked to secondary osteoporosis seem to be major risk factors for osteoporosis in children with CP. Larger prospective studies are needed to confirm this association, in order to improve prevention strategies.

**Table 1. Low bone mass risk factors in participants diagnosed with osteoporosis.**

	Osteoporosis		P-value
	Present (n=7)	Absent (n=180)	
Medications linked to osteoporosis (%)	6 (86)	72 (40)	0.016
Medications improving bone health (%)	2 (29)	44 (24)	0.804
Chronic Illnesses (%)	0	5 (3)	
Endocrine Disorders (%)	0	0	
G-tube Feeding (%)	4 (57)	18 (10)	<0.001
GMFCS 4-5 (non-ambulatory) (%)	6 (86%)	53 (29%)	0.002

**151**  
**FOR THE PARENT, BY THE PARENT: DEFINING THE CHARACTERISTICS OF A NOVEL PROGRAM TO EMPOWER PARENTS OF REFUGEE BACKGROUND USING THE PARTICIPATORY APPROACHES**

**Pardeep Kaur**  
**Unity Health Toronto**

**Ripudaman Minhas**  
**Unity Health Toronto**  
**Bernice Ho**  
**University of Toronto**

**PRIMARY SUBJECT AREA:** Developmental Paediatrics  
**BACKGROUND:** With more than 28 million individuals of refugee or asylum-seeking background globally, the current situation has been described as one of the largest humanitarian crises of all time. Families of refugee background have complex, multigenerational mental health and developmental needs that are not accounted for in current programming frameworks. Difficulties in resettlement have been further compounded by COVID-19-related lockdowns, straining parental mental health and placing children at an increased risk for developmental or behavioural problems. Providing appropriate support services and educational resources that address the multigenerational concerns of families of refugee background will address these challenges, allowing for improved parental mental health, family cohesion, and developmental outcomes for children.  
**OBJECTIVES:** To gather data about the experiences, resources, referral pathways and barriers that impact the experience of parents of refugee background in the Greater Toronto Area (GTA) and to develop a novel, multi-dimensional parenting program model using Community-Based Participatory Research (CBPR) principles.  
**DESIGN/METHODS:** This was a qualitative community-based participatory study using a formative research framework, in accordance with COREQ guidelines. In-depth interviews (IDIs) were conducted with parents of refugee background and care providers that work closely with this population. Data were recorded, transcribed, and coded using deductive and inductive coding methods by two independent coders. A peer debriefing strategy was used to verify the coding approach and interpretation of findings in accordance with the RATS (relevance, appropriateness, transparency and soundness) guidelines for qualitative research.  
**RESULTS:** A total of 20 IDIs were conducted (7 parents and 13 care providers). The main topics that were identified to be incorporated into the program include features of child development, how to address resettlement issues, child advocacy, and parenting in the Canadian context. Participants felt that tackling the language barriers, addressing the overlapping responsibilities of the mothers attending the sessions, providing incentives, increasing awareness of the program, and using an anti-racist and anti-oppressive approach is key to the program's success. Participants emphasized the need for trauma-informed mental health support within the program model.  
**CONCLUSION:** This study describes the key considerations for a novel parenting program for families of refugee background, by engaging them as key stakeholders in the program design process. Future iteration of this project would involve a pilot and evaluation of the program.

**152**  
**TRANSITION TO RESIDENCY - EVALUATION OF A NOVEL BOOTCAMP FOR INCOMING PAEDIATRIC RESIDENTS**

**Kathryn Hynes**  
**UBC Pediatrics**  
**Mia Remington**  
**BC Children's Hospital/UBC Pediatrics**

**PRIMARY SUBJECT AREA:** Medical Education  
**BACKGROUND:** In 2020, medical students experienced a sudden change in their learning context due to the COVID-19 pandemic. University policies and public health recommendations removed medical students from their clinical learning environments. Given this shift from work-based learning, incoming residents and educators alike were wary of the impact on residency readiness. With the current context in mind, and with an approaching CBD launch, the UBC Pediatrics training program developed a bootcamp curriculum in an attempt to ease residency transition. This month-long rotation included instruction and experiential learning in all CanMED roles, with heavy focus on medical expert, communication and collaboration skills required of new residents. Wellness topics were also included given the additional stressors associated with the pandemic.